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CONFIRMATION NO. 5888

SERIAL NUMBER 10/650,112	FILING DATE 08/26/2003 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. CWRU-P01-044
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/274,177 10/18/2002
 which is a CIP of 10/229,345 08/26/2002
 This application 10/650,112
 claims benefit of 60/406,296 08/27/2002
SR

** FOREIGN APPLICATIONS *****
SR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/25/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SR</i>	STATE OR COUNTRY OH	SHEETS DRAWING 48	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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EXAMINER'S SIGNATURE _____ INITIALS *SR*

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TITLE
 Methods for treating patients and identifying therapeutics

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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